

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

APPLICANT(S) 39634811- FILING DATE 8-8-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		DEP.			IND.		DEP.			IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.		
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46							96														
47							97														
48							98														
49							99														
50							100														
TOTAL	3						TOTAL IND.														
TOTAL	23						TOTAL DEP.														
TOTAL	26						TOTAL CLAIMS														

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Best Available Copy